## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10150223

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |  |                                    |                          |              |                                      |         | SMALL ENTITY TYPE                       |                        |        | OTHER THAN OR SMALL ENTITY |                        |  |
|--|---|--|------------------------------------|--------------------------|--------------|--------------------------------------|---------|---|------------------------|--------|----------------------------|------------------------|--|
| TOTAL CLAIMS                                   |   |  | Ę.                                 |                          |              |                                      |         | RATE                                    | FEE                    | ]      | RATE                       | FEE                    |  |
| FOR  |   |  | NUMBER FILED                       |                          | NUMBER EXTRA |                                      |         | BASIC FEE                               | 385.00                 | OR     | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |   |  | ع. minus 20=                       |                          | *            |                                      |         | X\$ 9=                                  |                        | OR     | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS                             |   |  | ) m                                | inus 3 =                 | *            |                                      |         | X43=                                    |                        | OR     | X86=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM P                     |   |  | RESENT                             |                          |              |                                      |         | +145=                                   |                        | OR     | +290=                      |                        |  |
| * If   | the difference  | in column 1 is                                 | less than z                        | ero, enter               | "0" in (     | column 2                             | ı       | TOTAL                                   |                        | OR     | TOTAL                      | 770                    |  |
| CLAIMS AS AMENDED - PART II                    |   |  |                                    |                          |              |                                      |         | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |        |                            |                        |  |
| (Column 1)                                     |   |  | 1                                  | (Colur<br>HIGH           |              | (Column 3)                           | SWALL   |   | 10H                    | SWALL  |                            |                        |  |
| AMENDMENT A                                    |   | REMAINING` AFTER AMENDMENT                     |                                    | PREVIO                   | BER<br>DUSLY | PRESENT<br>EXTRA                     |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *  | Minus                              | **                       |              | =                                    |         | X\$ 9=                                  |                        | OR     | X\$18=                     |                        |  |
|  | Independent   | *  | Minus                              | ***                      |              | =                                    | ] [     | X43=                                    |                        | OR     | X86=                       |                        |  |
|  | FIRST PRESE   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |                          |              |                                      |         | +145=                                   |                        | OR     | +290=                      |                        |  |
|  |   |  |                                    |                          |              |                                      |         | TOTAL                                   |                        |        | TOTAL                      |                        |  |
|  |   |  |                                    |                          |              |                                      |         | ADDIT. FEE                              |                        | OR     | ADDIT. FEE                 |                        |  |
|  | ·   | (Column 1) CLAIMS                              |                                    | (Colun                   |              | (Column 3)                           | ٠.      |   |                        |        |                            |                        |  |
| AMENDMENT B                                    |   | REMAINING                                      | IG NU                              |                          | BER          | PRESENT                              |         | 5.75                                    | ADDI-                  |        |                            | ADDI-                  |  |
|  | <b>5</b>  | AFTER<br>AMENDMENT                             |                                    | PREVIC<br>PAID I         |              | EXTRA                                |         | RATE                                    | TIONAL<br>FEE          |        | RATE                       | TIONAL FEE             |  |
|  | Total   | *  | Minus                              | **                       | OH           | =                                    | 1       | X\$ 9=                                  | 1 taba                 | OR     | X\$18=                     | 1 55                   |  |
|  | Independent   | *  | Minus                              | ***                      |              | =                                    | ]       | X43=                                    | · ·                    | OR     | X86=                       |                        |  |
| <u> </u>                                       | FIRST PRESE   | NTATION OF MU                                  | JLTIPLE DEF                        | PENDENT                  | CLAIM        |                                      | J ŀ     |   | -                      | On     |                            |                        |  |
|  |   |  |                                    | •                        |              |                                      |         | +145=                                   |                        | OR     | +290=                      |                        |  |
|  |   |  |                                    |                          |              |                                      |         | TOTAL<br>ADDIT. FEE                     | ,                      | OR     | TOTAL<br>ADDIT. FEE        |                        |  |
|  |   | _  |                                    |                          |              |                                      |         |   |                        |        |                            |                        |  |
| AMENDMENT C                                    | `   | CLAIMS<br>REMAINING                            | AINING NUMBER                      |                          | BER          | PRESENT                              | lſ      | RATE                                    | ADDI<br>TIONAL         |        | RATE                       | ADDI-<br>TIONAL        |  |
|  | · · · · · · · · · · · · · · · · · · ·   | AFTER AMENDMENT                                |                                    | PAID                     |              | EXTRA                                |         | HAIL                                    | FEE                    | ŀ      | DAIL                       | FEE                    |  |
|  | Total   | *  | Minus                              | **                       |              | = :                                  | $\prod$ | X\$ 9=                                  |                        | OR     | X\$18=                     |                        |  |
|  | Independent   | *  | Minus ***                          |                          |              | =                                    | ] [     | X43= -                                  |                        | O.D.   | X86=                       |                        |  |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                                    |                          |              |                                      |         |   |                        | OR     |                            |                        |  |
| * 1  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |                                    |                          |              |                                      |         |   |                        | OR     | +290=                      |                        |  |
| **   | f the "Highest Nu<br>If the "Highest Nu   | mber Previously Pa<br>mber Previously Pa       | iid For" IN THI<br>aid For" IN THI | S SPACE is<br>S SPACE is | less tha     | n 20, enter "20.<br>In 3, enter "3." |         | TOTAL<br>DDIT. FEE                      |                        |        | TOTAL<br>ADDIT. FEE        |                        |  |
| •  | The "Highest Num  | ber Previously Paid                            | d For" (Total o                    | r Independe              | ent) is the  | highest numbe                        | er foui | nd in the app                           | ropriate box           | in col | umn 1.                     |                        |  |